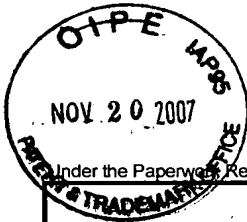


11-21-07

MFW ✓



PTO/SB/21 (10-07)

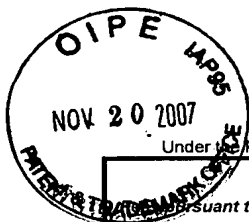
Approved for use through 10/31/2007. OMB 0651-0031

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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/715,229-Conf. #5733
		Filing Date	November 17, 2003
		First Named Inventor	Tariq M. RANA
		Art Unit	1635
		Examiner Name	K. Chong
Total Number of Pages in This Submission		Attorney Docket Number	UMY-041RCE

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard PTO form SB/08 Certificate of Mailing <del>Copies of Sixty-seven (67) References</del> Copies of Sixty-eight
Remarks (68) References		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	Debra J. Milasincic, Esq.	
Date	November 20, 2007	Reg. No. 46,931



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PTO/SB/17 (10-07)  
Approved for use through 06/30/2010. OMB 0651-0032  
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<b>Effective on 12/08/2004.</b> Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/715,229-Conf. #5733
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 17, 2003
		First Named Inventor	Tariq M. RANA
		Examiner Name	K. Chong
TOTAL AMOUNT OF PAYMENT		Art Unit	1635
(\$)		Attorney Docket No.	UMY-041RCE
180.00			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**

100 =    /50 =    (round up to a whole number) x    =

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g. late filing surcharge) 1806 Submission of an Information Disclosure Statement	180.00

<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent)	46,931	Telephone (617) 994-0781
Name (Print/Type)	Debra J. Milasincic, Esq.		Date November 20, 2007



Express Mail Label No. EM 066424518 US Dated: November 20, 2007

Docket No.: UMY-041RCE  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Tariq M. Rana

Application No.: 10/715,229

Confirmation No.: 5733

Filed: November 17, 2003

Art Unit: 1635

For: ALLELE-TARGETED RNA  
INTERFERENCE

Examiner: K. Chong

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)**

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

Applicants have not submitted copies of each cited U.S. patent and U.S. patent application in accordance with 37 CFR 1.98(a)(2)(ii). Applicants submit herewith copies of foreign patents and non-patent references in accordance with 37 CFR 1.98(a)(2).

Applicants bring to the Examiner's attention the following commonly owned co-pending applications:

U.S. Serial No. 10/700816	Filing Date: 11/04/2003	Atty. Docket No. UMY-038
U.S. Serial No. 11/101162	Filing Date: 04/06/2005	Atty. Docket No. UMY-098

A copy of the foregoing applications or file history thereof is not provided herein, but will be made available upon request.

11/21/2007 SSITHIB1 00000053 120080 10715229

01 FC:1806

180.00 DA

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited documents.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, and after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. UMY-041RCE.

Dated: November 20, 2007

DJM/JAM/mch

Respectfully submitted,

By 

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(617) 227-7400  
(617) 742-4214 (Fax)  
Attorney/Agent For Applicant



Application No. (if known): 10/715,229

Attorney Docket No.: UMY-041RCE

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 066424518 US in an envelope addressed to:

MS Amendment  
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P.O. Box 1450  
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on November 20, 2007  
Date

Signature

Debra J. Milasincic, Esq.

Typed or printed name of person signing Certificate

46,931  
Registration Number, if applicable

(617) 994-0781  
Telephone Number

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Return Receipt Postcard  
Transmittal (1 page)  
Fee Transmittal (1 page, in duplicate)  
Supplemental Information Disclosure Statement (2 pages)  
~~PTO form SB/08 (110 References) (4 pages)~~  
~~Copies of Sixty-seven (67) References~~

PTO form SB/08 (110 References) (4 pages)  
Copies of Sixty-eight (68) References